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**ORIGINAL DEPARTMENT.**

**COMMUNICATIONS.**

**SHALL THE SPREAD OF SYPHILITIC  
POISON BE PREVENTED?**

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One hundred and eighty-six papers on the subject of venereal diseases alone, besides numerous monographs and complete works, according to the *Archives of Dermatology*, were published during the past year. This statement bears its own commentary, viz., the serious gravity of syphilitic diseases, their widespread prevalence, and the earnest attention these diseases now elicit among medical men in certain quarters.

Special studies of this subject are seldom made, however, except by physicians conversant with special centres of the evil; but their labors are not always as fruitful as could be desired. We have many reasons for believing that careful, extended investigation of the many grave results of venereal infection enlists the attention of but a small proportion of people; hence, the presumable reason that down to the present time so little has been accomplished for the extinction of this contagion. An occasional patient complaining of a gonorrhœal discharge or a chancre; the adoption of some authenticated line of treatment for the removal of existing symptoms; perhaps a few jests about "wild oats" and "burnt districts;" and a laudable consideration of the patient's ability and disposition to remunerate for services rendered, constitute the principal phases assumed by this subject in the experience of even

a large proportion of the medical profession. The expanding and never ceasing diffusion of the syphilitic poison through every grade of society; the transmissibility of this poison and its effects from the unclean to the clean, from the guilty to the innocent, from the husband to the wife, from parent to child, from generation to successive generations; the facility of the communication of the virus by sexual contact, from one man to a number of women, from one woman to a larger number of men, from parents to offspring, from the babe's mouth to the nipple of the nurse, from the nipple of the nurse to the mouths of other babes, from the hand of the midwife to the woman she delivers, from the vagina of the woman in labor to the hand of her physician, from the use of pipes used by syphilitic smokers, from the use of towel or dishcloth handled by the infected, from the carelessness of diseased cooks and waiters, from the kiss of the diseased nurse upon the lips of babes, from the lips of diseased men to the lips of daughters of most worthy parents; and the indestructibility of the poison, its tenacious clinging to the human system, its resistance of treatment for radical cure, its propensity of development into multiplied forms of diseased conditions from which no portion of the body is exempt, its special proneness to cancer, the comforts and joys of life, from the birth to the grave; all these terrible considerations make but superficial impress upon the minds and consciences of many, and never shorten for them a single night's rest by an hour's loss of sleep. Most of our professional brethren are highly respected, Christian citizens, alive to the importance of many good works, nevertheless,

the fact that nearly two millions\* of the population of our country are now infected with the poison of syphilis arrests but a momentary attention.

When small-pox, cholera, or other malignant contagions assail a district or city, the medical profession and the people unite to combat their progress. With laudable unanimity all classes of society, including municipal authorities, rally to the protection and defence of endangered life. No question is raised nor time lost in contending about the moral aspects of any enlightened propositions to throw rational, even legally arbitrary, barriers between the infection of the diseased and the safety of the well. No Christian conscience is shocked at the closing of schools and churches for the prevention of the spread of contagion. No good man or woman denounces, as coverts for impurity, hospitals opened by legislative enactments for the relief and cure of the infected. If any person engage, through any motive or from any cause, in the indiscriminate disposal of poisons that endanger and destroy health and life, all classes unite in invocations of legal restraints upon the obnoxious agencies, without wasting time in stickling over untenable issues in regard to special legislation. If the thief or the assassin, from any cause whatever, stealthily invade the homes of our citizens, no right thinking mind will contend that the law should not assume the right to defend both property and life from the encroachments of the despoiler. If the sin of drunkenness operate as a scourge upon society; if it increase the number of feeble-minded and idiotic children born into the world to endure dark and distorted lives; if it result in augmented production of brain disease and insanity; what truly good and philanthropic man or woman would raise a voice against the establishment by law of asylums or hospitals, where the distempered inebriate may be placed under medical supervision and treatment; where the insane may be restrained from endangering their fellow creatures; where a shield of protection may be raised for the innocent and unsuspecting? What man or woman would be willing to admit that it was sound Christian reasoning to maintain that the disastrous effects of drunkenness upon the inebriate, the family, society, and State, are but the just and retributive judgments that God has wisely appended as punishments for viola-

tions of His righteous laws, and, therefore, any legislative enactments having for their object the controlling or regulating of the traffic in intoxicating drinks, the restraining of the habitue of the dram-shops from injuring his fellow man, the arrest of the intoxicated man or woman upon the street when known to be there as a factor of danger and immorality, and the establishment of asylums for the relief of the sufferings of the inebriate, and the cure of his diseased habit—what Christian reasoner would maintain that such laws are unjust in their discriminations on the one hand, or pander to the vicious interests of the wrong-doer on the other!

Now, in syphilitic contagion, society is assailed with an infection immensely more terrible in its results than small-pox or cholera. In syphilitic infection society is contaminated with a poison more certainly obnoxious to physical and moral health than arsenic or strychnia, and, by parental transmission, is incomparably more disastrous upon the blood and lives of innocent offspring. In syphilitic infection the world has a secret and resistless enemy worse than the stealthy thief and the midnight assassin, as the despoiler of the beauty, vigor, and nobility of the race. In syphilitic infection humanity endures a scourge coequal with that of drunkenness, in its results upon all the conditions and interests that make life valuable, happy and grand. Nevertheless, no united, powerful, determined, man-worthy, and God-worthy effort is interposed to arrest the ravages of this destroyer, to subjugate this disguised but fatal enemy, to extinguish in every possible manner its polluting existence, and to raise every available shield of protection between it and the sanctities of the home, the welfare of society, and the innocent helplessness of future posterity. Is it not time we arouse? For what and for whom are we waiting? Whose duty is it to perform duty for us? To whom shall the forty millions of our population look for enlightenment and deliverance, if not to us? Why is it, that during all these years this poison of syphilis has been permitted to carry on its dark work of death, and, as Dr. Sims recently declared, "the subject is rarely mentioned in polite circles, even by medical men, and then only in whispers?" It is because the consideration of this subject brings us face to face with that of prostitution. It is because the element of fear has made us slaves to the fos-

\* Prof. Gross, 1874.

silized notions of a popular prejudice arising from the ignorance and superstitions of past ages. It is because we have permitted ourselves to be cowards, instead of rising to the full dignity of physicians who realize all the grandeur of philanthropic duty, and dare to perform it.

#### THE EXTENT OF PROSTITUTION.

That prostitution exists to an enormous extent, an extent greater than is supposed by the mass of the moral classes, is a fact all too true. Like an enemy that lurks in ambush, and prowls under cover of darkness, this evil propagates within the shadows of Christian churches, and presses itself against the very thresholds of the virtuous and pure. Sustained by sacrifices of honor, fed by the lusts of passion, attended by the evil genii of dissipation, dissimulation and remorse, with pollution and wretchedness following in its train, it is an object from which pure minds and clean hands instinctively shrink. Nevertheless, affecting to ignore its presence, folding our hands in self-righteous complacency, turning our backs upon its repulsiveness, do not change the fact of the aggressive existence of prostitution, nor excuse us for surrendering to its sway all the scope and liberty it craves.

Full statistics of the number of prostitutes in the United States, whose haunts are nests of syphilitic infection, have never been made; but approximative statistics in a few of the great centres of the evil throw sufficient light upon the subject for present purposes. It is now estimated there are 12,000 prostitutes in New York city. A writer on this subject affirmed, seven years ago, that there were then not less than 100,000 harlots in the United States. An intelligent mercantile traveler recently stated to the writer that it was his opinion that more "social rottenness" exists in the city of Boston than in any other American city. Philadelphia, Baltimore, Washington and San Francisco are at this hour reeking with syphilitic pollution from prostitution. A day spent in the syphilitic wards of our hospitals reveal shocking truths, of which general society seldom dreams. Dr. Sims, last year, stated, in his Inaugural Address to the American Medical Association, that 25,000 cases of venereal disease are annually registered in the out-patient department of Guy's hospital, and that upward of 100,000 of the poor in London affected with

syphilis annually apply at the hospitals for relief. About 10,000 cases of venereal diseases are annually treated in the public institutions of New York; to say nothing of those who seek private advice. It is authoritatively estimated that 30,000 males are daily infected with venereal poison in the large cities of the United States, a large proportion of whom are residents of inland towns, whither they return to spread the contagion.

The statistics of hospitals, however, reveal but a proportion even of the cases among the poor—the subjects of charity; while nearly all cases among those in better circumstances never report at these institutions. In the lower grade of brothels, where licentiousness and intemperance revel hand in hand, the consequences are of the gravest nature. As a result of wicked associations, and to drown the reproving voice of conscience, the lower orders of courtesans speedily take to strong drink, which but augments their recklessness in regard to both the reception and distribution of syphilitic infection, and they spread the disease far and wide, as fast as they can find customers to convey it.

Street-walkers are largely of this class. And when men from respectable circles in the country visit cities, and are on the *qui vive* for "city sights," the novelty of the attractions of these alluring *nymph-du-pave* exerts an unresisted influence upon them, and they are readily victimized, to their life-long regret. In five cases out of ten, men from the country who visit these fallen women carry home with them the seeds of a disease which is sooner or later imparted to others—too often to their wives and children, and from which these must suffer as long as life lasts. Young men, often mere youths, who are inclined to be "fast," visit the large city, cohabit with diseased courtesans, return home with passions abnormally roused by their new experiences, seek new sources of gratification, possibly by seduction of unsuspecting girls or easy-yielding characters in towns or rural districts, and impart to them the poison that no medicine will ever eradicate. From seduction it is but a step—and a short one—to prostitution; and thus, throughout our land, in every town and hamlet, prostitution has been developed, and is constantly spreading broadcast the poison of syphilis. Among the higher grades of the *demi-monde* there exists also a high ratio of dis-

ease, as well as among private prostitutes, kept mistresses, and frequenters of houses of assignation. Stimulants and narcotics are freely indulged in by nearly all inmates of houses of ill-fame, the tendencies of which are to dull the sense of caution, and, sooner or later, each becomes a victim of infection, and visits upon many of our better classes of society a sad retaliation.

#### THE NATURE OF THE DISEASES.

Were the injuries of syphilitic infection limited to unity of lesion or location, its effects would somewhat resemble those of other poisons, but its invasion is confined to no special region of the human organization. It feeds the seed-germs of scrofula in their direst forms. It develops in spleen, liver and lungs, incurable diseases. It silences the hearing, robs the eye of its sight, invades the brain, crumbles the teeth, perforates the throat, consumes the nose, denudes the scalp, pollutes the skin of the whole body, and perpetuates these scourges through the blood of successive generations, who are unjustly compelled to accept and endure inheritances of wretchedness.

These are the natural fruits of prostitution. Nevertheless, cohorts of opposition have been rallied, and volleys of denunciations have been uttered, against any attempt to place the regulating and restraining hand of sound and wholesome law upon the practice of prostitution in this country. Without doubt Professor Gross has correctly affirmed that what is called scrofula, struma, or tuberculosis, is, in a majority of cases, remote syphilis, and runs the same course of transmitted deterioration. Another writer premises the tripod that "syphilis is own cousin of scrofula; it is the offspring of scrofula; and, in turn, becomes the mother of scrofula;" and he forcibly adds, "the dens of harlotry are the hot-beds in which venereal diseases are generated, and are not limited to mere agencies for their dissemination."

#### OPINIONS RELATIVE TO PROSTITUTION.

But there is another phase of the subject that here deserves special notice; the evidently abused opinion that prostitution is a necessary evil. Perhaps it is due to this tacitly-accepted impression, as much as to any other cause, that the pernicious sway of this evil has so long accomplished its terrible work almost unmolested. It has been under the genial, hazy moonshine of this implied assent of public

sentiment, that the destructive tendencies of prostitution have acquired their gigantic proportions.

It has been truly stated that prostitution has existed in all ages of the world. So have drunkenness, theft and murder; but that is not a ground upon which to justify these evils, nor a reason why the restraining arm of the law should withhold its interposition.

It is also doubtless true that prostitution will continue to exist throughout all time. So will drunkenness and murder; but that is not a reason why men and women should not exercise restraints upon their baser passions, instead of sacrificing themselves and the interests of society by indulging in drunkenness and assassination. The bare fact that prostitution ever has and ever will maintain an existence in the world, but strengthens the necessity for faithfully maintaining all the restraints that can be properly brought to bear upon its existence. It has frequently been affirmed that were prostitution entirely abolished there would be no safety to virtuous women. To prevent mischief, such a statement should be always guarded with careful qualifications, and understood accordingly. We are free to admit that in many men, as in some women, the sexual passion is powerfully, possibly morbidly, developed. But the amative passion was evidently implanted for the purpose of founding the family and perpetuating the race. If the amative impulse draws men to women, it is a logical inference that if men did not prostitute their manhood they would more frequently support wives in honorable wedlock, instead of dishonorably squandering their competence in the support of harlotry.

#### THE CAUSES OF PROSTITUTION.

In our consideration of prostitution, we should not overlook the causes, for, to some extent, upon the cause depends the cure. The natural prostitute is "one to the manor born." She may have been the offspring of vice, reared and schooled in vice, or easily inured to its practice by favoring conditions. Vanity, love of dress, propensity to idleness, fondness for intrigue, wayward restlessness of spirit, and defective parental influence, are all prominent predisposing causes, which, by easy paths, lead to an abandoned life. But there are other causes that present a sadder aspect. Unhappy marriages, and marriages to neglectful, thrift-

less men, sometimes so harden the heart and cripple the prosperity as to cause women to yield themselves vassals of dishonor to the ephemeral congenialities of those to whom they are not bound, and with whom they can exchange license for gold and what gold will procure. To this class of women the doors of houses of assignation and brothels open as gateways to moral and physical destruction, through which it is easy to pass in but one direction, and that the downward. Sometimes the wives of improvident husbands, finding family cares irksome, piqued by limited means, and other disappointments, and having the sterling principles of heroic virtue but feebly developed, find it a convenient diversion to forsake the narrow path of duty for the broad one of immorality. Injudicious influence in the training of daughters by cold and unsympathizing parents, often blunts their moral perceptions, hardens them in regard to consequences, and develops in them stubborn tendencies to lives of vice. Among the causes of prostitution are "unfortunate attachments." A considerable number of the "women of the town" were first forsaken by faithless betrayers, and indignant relatives; possibly, they escaped from the scorn of their friends, to rid themselves of illegitimate pregnancy, in the concealment of some city institution, and were never again restored to the society of early life.

A prolific cause of prostitution is the insufficient compensation paid for many kinds of labor. Physicians in the country have inadequate conception of the strain of brain and body that thousands of women and girls in large cities are compelled to sustain for bare subsistence. With a haunting ambition to appear as well dressed and as comfortably circumstanced as others, numbers forsake the poor pay and rigid discipline of factories and clothing houses, for the easier life of cyprian pleasures.

In New York there are forty thousand women dependent on their needles. They each day can barely earn enough to meet each day's necessities. Throw this army of needy women out of employment for a single month, with rent to pay, fuel to buy, food to provide, often children or others to support, and who can compute the resulting suffering? There are at this moment hundreds of women obtaining at assignation houses and brothels the means to

supply their children at home with food and clothing.

#### ADJUNCTS OF PROSTITUTION.

A fearful adjunct of prostitution is the production and dissemination of obscene literature. Illustrated books of the vilest character, circulars, pictures, photographs, transparent cards, trinkets, and implements of sexual defilement—the abominable offspring and appliances of bawdy-house immorality—have been annually clandestinely scattered over our country, through the mails, by the ton.

Our citizens who have under consideration ways for the suppression of this adroit enemy of purity realize that moral suasion is powerless for good in this direction; that to dally with this plague is dalliance with the devil; that the intervention of law is imperatively required for the protection of the sons and daughters of our households. Now, why should a morally poisonous adjunct of prostitution be suppressed by law, while the poison of its physical contagion is left to breed disease and death on every side? Why should good people commend the invocation of legal restraints upon the spread of the poisonous literature of obscenity, and affect a holy horror of exercising legal restraints upon the spread of the poisonous contagion of obscenity?

#### PREVENTIVES THAT HAVE BEEN EMPLOYED.

What has been done to counteract the spread of syphilitic diseases? Technically, a great deal; practically and really, almost nothing.

Something has been done for the prevention of venereal diseases by the Midnight Missions and Magdalen Societies; truly worthy institutions, engaged in reclaiming women who pursue vice as a vocation. Several of these institutions exist in Philadelphia. One has been in operation over seventy-five years. They are free retreats, affording shelter and home, and Christian instruction, to fallen women; where these women may be instructed in useful industry, and find aid in securing situations when there are satisfactory evidences of reform. Viewed in the light of individual reformations, a great work is being accomplished by these beneficent institutions; but viewed in the shadow of the masses of women in a state of prostitution, their benefits are quite imperceptible. Could the Midnight Missions reach the masses of Magdalens, our path to relief from

the diseases of prostitution would be direct and short. But such is not the case. Nevertheless, apostles of the mission plan are strenuously opposing other and more direct measures that must reach the masses of the fallen, carrying not only to them relief from suffering, but also preventing untold suffering in others. The total number of women admitted into the Magdalene Home in Philadelphia in 1876, was 21; the number admitted into the Midnight Mission was 46; the number admitted into the Rosine Home was about the same. Mayor Stokley's Chief, who has given the subject twelve years' study, estimates that there are in this city 10,000 women supported by prostitution, and 5000 more drifting into the same condition. The amount of disease that will be spread by the infected of this great number, compared with the amount prevented by the work of the Missions can scarcely be estimated.

*(To be Continued.)*

#### AN IMPROVED MODIFICATION OF THE "DOUBLE CATHETER," "TROCAR AND CANULA."

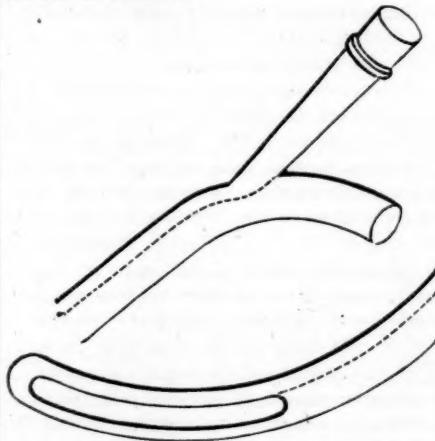
BY PHILIP LEIDY, M.D.,  
Of Philadelphia.

Having experienced much difficulty in obtaining the satisfactory results which are desirable in the injecting and rinsing out of the bladder, by means of the double catheter as ordinarily used, in the many diseases incident thereto, on account of the viscid and tenacious character of the contents, not passing through the small opening at the sides of the instrument, I was induced, in a case in which there was more than ordinary difficulty from the addition of coagulated blood, to substitute an opening in each side, of an inch and a half in length, after which I had no difficulty. Believing that an instrument could be made with such openings without weakening its integrity, I gave directions to Levi Helmbold, instrument maker, to make a metallic double catheter, of the ordinary size and length (No. 7, as adopted by Savigny), with the openings or fenestra at the sides, to within one-quarter of an inch from the vesical extremity, of one and a half inches long, and one-eighth of an inch wide. The lower canula is two-thirds the size of the canula of the single ordinary catheter, No. 7, thereby giving the outlet for

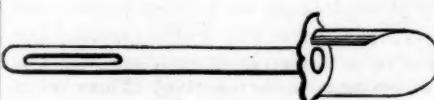
the contents of the bladder the advantage of the (larger) passage.

The instrument as ordered was satisfactory, being firm, and light in weight, the size of canula and openings affording free communication with the bladder. It further relieves the operator of the mortification of failure, as well as great pain, discouragement, and loss of confidence, by the patient, from the frequent introduction and withdrawal of instruments, and the bungling expedients resorted to for his relief.

The following wood-cut shows the double catheter as modified.



I have also devised a modification of the ordinary trocar and canula, simple in itself as the former, though important and useful. Most physicians have met with the annoyances etc., of the canula becoming blocked up by omentum or intestine, as well as by the fluid itself being sometimes of such a viscid character that it will not flow through, in case of tapping. To obviate such annoying results, I have had made an ordinary-sized trocar and canula, with the openings at the sides similar to those made in the double catheter. The results have been similarly satisfactory. The following represents the instrument as modified.



In referring to the above modifications of

instruments, the old style of which has been in use since the early days of our art, I claim nothing original. Like modifications may have, under similar necessity, been made by others, but I was not aware of them, and thought by making them public I might assist some of my brethren to whom they may also be unknown.

### HOSPITAL REPORTS.

#### HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF H. C. WOOD, JR., M. D.,

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(Reported Expressly for the MEDICAL AND SURGICAL REPORTER.)

##### Epilepsy.

I bring before you, to-day, a boy that has been brought here from a distance, by his mother, for the purpose of finding out what is the matter with him. You see that he is at present sleeping very heavily; bringing him up here from the ward has not disturbed him. It requires, indeed, quite violent and continued shaking to arouse him. He had a severe paroxysm about thirty minutes ago, and this is the condition in which it has left him; a state of deep, heavy sleep. His mother tells us, upon inquiry, that he has been affected in this way for the last four months or so. During that time he has never passed a week without an attack of greater or less severity. When the attack comes on the first symptom noticed is an extreme pallor of the face, followed by redness, loss of consciousness and rigidity, and then the attack passes away for the time being, and leaves the patient utterly overpowered by sleep. He had, as I have said, a convolution half an hour ago, and the resident physician was able to notice the exact character of the symptoms; first pallor, then redness, then efforts to fall down, prevented by rigidity, with frothing at the mouth. On questioning his mother I was enabled to find out that the boy has had one or more convulsions when a baby, during dentition. On one or two occasions, lately, the attacks have been of a much more pronounced character, resembling true epileptic convulsions.

First, then, as to the nature of the attacks; are they epileptiform or not? are they idiopathic epilepsy, or epilepsy dependent upon some local point of irritation. There has not been any exposure to the sun; the attacks came on late in May, before the intense heat. The mother states that she knows of no injury lately, or, indeed, ever, received by the boy. We know that worms in the alimentary canal are occasionally the cause of attacks which closely simulate those of epilepsy. The round worm in particular, and also the tapeworm, by the local irritation they cause, will give rise to

just such attacks, yet these instances are rare. The mother says that when the boy takes worm medicines his condition is temporarily improved. The worm medicines, you know, are often combined with purgatives, which always relieve epileptic symptoms. The patient has not been long enough in the Hospital to have the feces examined for worms; moreover, I think it exceedingly likely that in his case the relief was afforded by the purgation effected. Epilepsy is always worse when the bowels are torpid; of course, if worms are the cause of the convulsions, they will very soon show themselves, and must be gotten rid of by the use of the proper anthelmintics.

I know an instance in which a tapeworm proved to be the cause of fierce pain in the temple.

In epilepsy, as in the present case, the first symptom is always an intense pallor, very brief in duration, and frequently overlooked. No one can simulate the initial intense pallor of the epileptic convolution, while the succeeding redness of the visage can be very easily produced by excessive muscular effort. Accompanying the redness of the face in epilepsy is a furious muscular activity.

This boy has had one or two well-marked epileptic convulsions. In petit mal, one of the most obstinate forms of epilepsy, a peculiar symptom is the sudden stoppage of the patient in the middle of a sentence, which, in a moment, is again taken up and concluded. This momentary loss of consciousness may be exceedingly slight; the sentence is picked up exactly where it was dropped. As a proof of this strange psychological necessity, the case is reported of a boy who was just about to take a bite out of a piece of pie when attacked. The first thing he did on recovery was to complete the projected act. If the attack is more severe, and the loss of consciousness longer, the patient may fall down.

This boy does not fall. Once, when out fishing, on a log, two feet wide, he had an attack, but did not fall, and so was saved from drowning. As an illustration of the apparent steady-ing of the nerves in some cases of epilepsy, may be mentioned the case of an architect, who would run over the most giddy places when under the influence of an attack.

As regards treatment, of course an anthelmintic must be administered where there is a possibility of intestinal worms. As a general rule of treatment in epilepsy all the exciting causes of an attack should be avoided, such as mental excitement, over-eating, indigestible articles of diet. In this case the mother tells me that the free ingestion of milk or pie brings on an attack. As concerns medicinal agents, the bromides are of especial value. The bromides, however, are only controlling remedies; they rarely cure epilepsy, but only moderate. In a fresh case the chances of effecting a complete cure are, of course, greater than where the disease has been one of long standing. It is said that most of the brilliant cures effected by

the use of the bromides are in cases where the attacks are frequent rather than in those in which they only come on after long intervals. In all cases, as a general thing, the free use of the bromides will reduce greatly the number of the attacks. Give at the beginning from twenty to sixty grains thrice daily, and increase the size of the doses until either the paroxysms stop or bromism makes its appearance. Some of the unfortunate results of bromism are mental hebetude, stupidity, acne on the face, back and breast, constant sleepiness, and finally, perhaps, complete abrogation of the sexual power.

#### Tetanus.

This is the same man that I lectured on last week; a case of pronounced tetanic seizure. He has been entirely relieved of his severe symptoms by treatment, but is still in a semi-stupid condition; whether this condition be the consequence of exhaustion, or the effect of the large doses of choral and the bromides, or be due to an effusion into his brain, I cannot yet with certainty say. The patient, as you can see, has improved wonderfully under nourishing diet and medicinal treatment. The cerebral congestion has been much reduced by the application of blisters to the nape of the neck.

Now I shall take this opportunity to speak to you at some length on the proper treatment of tetanus. In treating any disease, the first step should always be to find out exactly what you want to do. You must study with care the dangers of the disease in question; try to discover whether the complaint be self-limited or not. Tetanus has not a definite course to run, and it should, therefore, be possible to control or shorten it. How does tetanus kill a patient? There are generally two ways in which death occurs; either from stoppage of respiration, caused by general tetanic spasm, stiffening and contracting the diaphragm and restricting the chest walls, or, more usually, from the profound exhaustion brought on. The contracted muscles of the jaws and throat interfere, too, with alimentation, and hasten the fatal result. To come down to the bottom facts, then, in the generality of instances the inability to take food leaves the enormous convulsive wear and tear of the muscles unprovided against. The all-important treatment of tetanus, therefore, resolves itself into careful and prompt nourishment of the patient. The feeding must be systematic, and must be carried on at short intervals, every two or three hours during day and night, unless the patient is able to sleep, in which case the interval may be lengthened to four hours during the night. In severe cases solid food must be avoided; the mere effort to swallow may produce a fit; and then you can readily imagine how serious would be the immediate result should the convolution surprise the patient with a large bolus of food in the throat. We must, therefore, rely on liquid food. Milk is by far the best routine diet. Beef tea and beef essence may afford excellent temporary stimulus, but they neither

of them possess much staying power. In addition to milk, raw or pulped meat, farinaceous foods, soaked crackers and bread, etc., may be employed. I think very highly of pulped meat. Take a piece of good, juicy beef, out of the rump, lay it on a bread board and scrape it thoroughly with a knife. In this way all the pulp of the meat is extracted and the indigestible fibre left behind. The results of the scraping may be given in the form of croquettes, or mixed with brandy and sugar. Be sure, too, that you don't tell your patient that you are giving him raw meat; otherwise you may have difficulty in getting him to take it. Then, absolute quiet is always necessary. Every paroxysm is a period of intense work, and so rest is peculiarly demanded. Nobody must be allowed to come into the room, and the nurse must wear carpet slippers, and do no talking. The room, too, had better be darkened. As regards medical treatment, alcohol must be given in nutritive doses, not as a stimulant; therefore, give it in small quantities with the food, in milk, or in the shape of raw eggs beaten up with wine. Among drugs there is scarcely any remedy which has not been used, and I have no doubt but that some physicians think they are all about alike in value; I am satisfied, however, that proper treatment is productive of good. Some patients, indeed, will get well and some will die, treat them as you may. There is, however, a residuum of cases which proper treatment at the proper time will save. In choosing our remedies, then, what do we want? Evidently something that will lessen the motor action of the spinal cord, allay undue sensibility, and force sleep. I use, in their due place, six drugs: chloroform, ether, opium, nitrite of amyl, the bromides, and cannabis indica. The homeopaths have recommended strychnia, but, as might be expected, it only increases the spasms. Some have used belladonna, but I think that as a stimulant of the spinal cord it does harm. In protracted cases, of course, the remedies have to be changed from time to time. Three of those I have mentioned are brief, and rapid in their action: viz.: chloroform, ether and nitrite of amyl. Their effects pass off very quickly. As the spinal cord is continually irritated in tetanus, you would have to administer nitrite of amyl every five or ten minutes to get any lasting effect. The verdict is, of course, against any such improper use of the drug. Its only proper use is to get a temporary effect in very severe cases. Therefore, don't employ it as the main treatment, but only as an auxiliary. So, too, with chloroform and ether. Chloral and the bromides are the best known depresso-motors. It is often very useful to combine several remedies in your treatment of the disease; you must, however, not give them all at the same time. I would advise something like the following plan: Bring the patient well under the influence of the bromide of potassium, by an initial dose of half an ounce, followed by half a drachm every three or four hours. Then, to

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obtain sleep at night, administer, at bedtime, thirty grains of chloral with some opium. Nitrite of amyl should be employed from time to time, to stop violent spasms. If bromism comes on you may substitute cannabis indica for the bromides; be sure, however, that you employ a trustworthy preparation of that drug. A great deal has been said and written concerning the so-called *traumatic* treatment in this disease, in the shape of blisters applied along the spine. This seems to me like adding a new peripheral irritation to one already existing there. A blister on the nape of the neck is of great value in reducing cerebral congestion. But I am really afraid of the heroic treatment. Some, too, have highly advised the continued application of ice to the whole length of the spine. I doubt whether even the steady use of ice will affect the spinal cord. I have made some experiments myself, to test the penetrability of cold applications to the external surface of the body. The application of ice to the head of a cat, for example, will affect perceptibly the base of the brain, but the mass of bone and muscle which covers the spinal cord precludes, as I should think, the possibility of any profound impression of cold there. With respect to nerve stretching, which has also been tried, I am not a believer. If, indeed, a nerve be constricted in a mass of cicatrical tissue, it would be perfectly right to cut down upon the constricted part and free it; in other cases I should be in fear of a severe neuritis being set up by the operation.

The man who is before you has had no spasm for a week, and is now entirely rational, with but slight mental hebetude, and very little delirium during sleep. I attribute this result mainly to the blister, medical treatment, and systematic feeding at short intervals. His mind has been always clearer after a blister to the neck has begun to draw

## MEDICAL SOCIETIES.

## AMERICAN DERMATOLOGICAL ASSOCIATION.

The first annual meeting of the American Dermatological Association was held at Niagara Falls, the sessions extending over September 4th, 5th and 6th.

The annual address was delivered by the President, Dr. James C. White, Professor of Dermatology in Harvard University. The subject of the address related to the progress of dermatology in the United States. Beginning with a sketch of the earliest rise of the specialty, twenty-five years ago, the speaker traced its progress, slow at first, but more rapid of late years, until at present every considerable medical school affords special instruction in this branch of medicine, and there exist several professorships of dermatology in the larger medical colleges. The mutual relations between the dermatological specialist and the

medical profession at large were also touched upon. The whole discourse was most interesting, and constitutes a valuable contribution to the history of medicine in this country.

Following the President's address, a number of papers were read on subjects connected with dermatology, all of which were of interest, and some of high scientific value. A paper by Dr. A. Brooks, of Chicago, on "Acute Conditions of Disease Excited by Iodide of Potassium,"\* gave rise to some remarks, by various members of the Association, on the physiological effects of this agent as occasionally observed.

Dr. Taylor remarked that he had observed pains in the joints occasionally, even when small doses of iodide of potassium were being administered. He had not noticed that production of fever, as mentioned by Dr. Brooks, even where large doses of the iodide had been given, and even pemphigus had been produced. He would make a practical remark in reference to the prevention of these pains (which are diurnal and not nocturnal), and that was that tincture of colchicum and tincture of hyoscyamus, combined with small doses of the iodide of potassium, would obviate them. Occasionally it is necessary to use camphorated oil, or some warming application externally. The joint trouble is sometimes poly-articular, sometimes mon-articular.

Dr. Bulkley remarked on the enormous doses of the iodide occasionally given in the West. He knew of one physician who had prescribed the enormous amount of half a ton in a single year.

Dr. Taylor said the average dose in New York is ten grains three times a day. He had given as much as an ounce and a half daily, and had kept this up for some time without bad result.

Dr. Atkinson said he had given two drachms three times a day for a month, in nervous syphilis, and had noticed no bad result, excepting perhaps nasal catarrh.

Dr. Taylor said patients would tolerate an ounce and a half daily and grow fat on it, the only physiological result being increased urination. He mentioned a case of nodes, where fourteen drachms daily were administered; nothing less would give the patient relief at night. He thought that in similar cases the addition of bromide of potassium, one drachm to seven of the iodide, would be of advantage.

Dr. Atkinson said, with reference to the effect of the iodide upon the kidneys, that he had only observed albuminous urine in two cases. He questioned whether the kidney trouble in these cases might not have arisen from the syphilitic disease.

Dr. Dubring regretted that the writer of the paper under discussion had not given attention

\* The discussion of this paper, though bearing only indirectly upon dermatology, has been thought worthy of record as giving the views of several distinguished American dermatologists and syphilitologists on the effects of this important drug. Dr. Brooks' paper was not accepted by the Association, on account of its "having no direct bearing on dermatology."

to the subject of eruptions due to iodide of potassium. He alluded to a case which had come under his notice a short time ago, and which he had reported at some length.\* In this case the eruption, confined for the most part to the hands and fore-arms, consisted in large vesicles presenting an appearance not unlike the dysidrosis of Tilbury Fox.

Dr. Hyde said that Dr. Brooks had told him he had prescribed as much as one thousand grains of the iodide of potassium daily. He (Dr. H.) had never gone above four and a half drachms daily. He would ask Dr. Taylor whether, in his opinion, that late form of iritis occasionally observed in syphilis might not be analogous with, and due to, a similar cause as the hydrarthrosis mentioned.

Dr. Taylor said, in reply to Dr. Hyde, that he had not intended to assert the existence of hydrarthrosis, but merely erythema of the articular surfaces. He thought this might be the same process as erythema of the face, sometimes observed under similar circumstances.

Dr. Hardaway said he had had under his care a patient in whom urticaria, followed by the formation of blebs containing bloody serum, supervened upon the ingestion of iodide of potassium.

Dr. Bulkley, of New York, read a paper "On the Eczema Marginatum of Hebra (*tinea trichophytina cruris*), as observed in America," giving notes of a number of cases, with treatment. This curious disease, first described by Hebra as an independent affection, is now generally classed as a form of ringworm, *tinea*, *circinata*, or *trichophytina*. It occurs usually upon contiguous parts of the scrotum and thigh, and is liable to be confounded with eczema and erythema of the same locality. The treatment recommended by Dr. Bulkley comprised the use of parasiticides, particularly sulphurous acid, employed in various degrees of dilution. The disease is sometimes very rebellious to treatment, and is apt to relapse.

The discussion which followed the reading of this paper was taken part in by a number of the members of the Association, some of Dr. Bulkley's propositions failing to gain the consent of all present.

Dr. Heitzmann did not think the use of sulphurous acid necessary; he had frequently seen the disease cured within six days by the use of Wilkinson's ointment.†

Dr. Duhring said he had found the disease less severe in this country than abroad, and usually succeeded in getting rid of the affection by the use of washes of dilute sulphurous acid or solutions of the sulphite of sodium.

Dr. Van Harlingen, of Philadelphia, read a paper on "The Pathology of Seborrhœa."

\* REPORTER, 1877, vol. xxxvii., p. 89.

† Hebra's modification of Wilkinson's ointment is composed as follows:-

R. Sulphuris sublimat.	as.	drachm iiij
Olef cadiini.	as.	drachm iiij
Crete preparatæ,	as.	drachm iiij
Saponis viridis,	as.	ounce j.
Adipis,	as.	ounce j.

Dr. Fox, of New York, read a paper "On Molluscum Contagiosum," giving notes of a number of cases of this affection, and discussing its nature.

In the discussion which followed the reading of Dr. Fox's paper, Dr. Heitzmann said he had had an opportunity of examining specimens from two cases of molluscum contagiosum, and he had observed in each case the glistening bodies described by Virchow and Biesiadecki. He (Dr. H.) believed these to be the centre of contagion. He had observed cases in which the molluscous tumor was surrounded by smaller tumors. He denied, as had Dr. Fox, the essentially contagious character of the disease. He believed it due, like condyloma acuminata, and possibly warts, to the irritation of sensitive skin.

The President asked Dr. Fox what treatment he was in the habit of employing.

Dr. Fox, in reply, said that he usually shaved the surface of the little tumors, and applied nitrate of silver.

The President said he had found muriate of ammonia in powder a good application. It might be bored into the cavity of the tumor with a stick, or it might be applied to the previously shaved surface.

Dr. Hardaway said that in the case of ordinary warts he was accustomed to employ electrolysis. He used a battery of ten cells, thrusting the negative pole through the wart, and holding the positive pole in the hand. The procedure was slightly painful.

In answer to a question as to the relative frequency of molluscum contagiosum among the higher, as compared with the lower classes, the President said, that while the affection is, under all circumstances, a rare one, it seems to be almost unknown among the better classes. He (Dr. White) had never seen a case in private practice.

The general experience of the Association coincided with that of the President, with the exception of Dr. Duhring, who had seen several cases among the better class of people.

A paper by Dr. Dyee Duckworth, of London, on "The Treatment of Severe Bed Sores," was then read. The paper contained nothing particularly new or worthy of comment.

Dr. Robert Campbell, of New York, read a paper entitled, "A Case of True Prurigo" (of Hebra). Some discussion on the occurrence of this affection in the United States then took place.

Dr. Hyde, of Chicago, read a paper on "The Immunity of Certain Mothers of Children Affected with Hereditary Syphilis," taking the view of the possibility of a syphilitic child being born to a healthy mother, and supporting this theory with many facts, and with arguments of great ingenuity.

Dr. Heitzmann, of New York, read a paper on "The Relation of Impetigo Herpetiformis to Pemphigus."

Dr. William A. Hardaway, of St. Louis, read a paper entitled, "The Lymphatic Theory

of Syphilitic Infection, with a New View of the Relation Between the Chancre and Chancroid, and Suggestions for the Radical Cure of Syphilis."

Another paper of peculiar value and interest was that of Dr. R. W. Taylor, of New York, on "The Xeroderma of Hebra," seven cases of which have been under the writer's personal observation, being a number equal to all previously recorded.

Dr. Yandell, of Louisville, read a paper on "The Etiology of Cutaneous Diseases."

Dr. Duhring, of Philadelphia, read notes of a "Case of an Undescribed Form of Fragilitas Crinium."

Drs. White and Taylor recalled cases of swelling and fissure in the shaft of the hair, quite different, however, from that of Dr. Duhring. Specimens of the affected hairs were displayed under the microscope.

Dr. Bulkley, of New York, read notes of "Two Cases of very late Hereditary Syphilis." Dr. Taylor said he had seen six similar cases. He was inclined to doubt the hereditary character

of gummatous lesions occurring after the age of 20. "Hutchinson's teeth" he thought not diagnostic. He was inclined to the opinion that the lesions of late hereditary syphilis would usually be bone lesions.

Dr. Bulkley said, in reply to Dr. Taylor, that late hereditary skin lesions had been reported. He thought the peculiar square forehead a good sign of hereditary syphilis.

The following papers were presented by title. Dr. Wigglesworth, of Boston, "Faulty Innervation as a Factor in Skin Disease, and Auto-inoculation of Vegetable Parasites, and their Non-identity." Dr. A. R. Robinson, of New York, "The Pathological Histology of Psoriasis." Dr. R. W. Taylor, of New York, "Affections of the Testicle in Hereditary Syphilis."

The Association then adjourned to meet in Saratoga, on the last Tuesday in August, 1878. The officers of the Association for the ensuing year are as follows. President, Jas. C. White, of Boston. Vice Presidents, L. Duncan Bulkley and Charles Heitzmann, of New York. Secretary, R. W. Taylor, of New York. Treasurer, J. E. Atkinson, of Baltimore.

A. V. H.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Therapeutic Uses of Pilocarpin.

From some comparative trials which he has made with the internal administration of pilocarpin, Dr. Curschmann believes that the infrequency with which it causes vomiting, as compared with jaborandi, is principally due to its being used hypodermically, and thereby avoiding direct irritation of the stomach. Some persons, especially those who have been weakened by prior disease, complain of a sense of debility, but this usually soon passes off; but in others a complete state of collapse is produced, which may or may not be connected with prior vomiting. The possibility of this occurrence must always be borne in mind. It is dependent upon the amount of the dose and the susceptibility of the individual. It is oftenest met with in women and in those whose strength has been greatly reduced; and when the patient's constitution is not known, the first dose of the medicine should not exceed 0.02, while its effect should be watched for a quarter or half an hour. As far as the trials have gone, pilocarpin does not seem to act dangerously on the subjects of heart disease, and, indeed, can be employed when no other diaphoretic procedure for so long a period would be ventured upon. Indeed, as a therapeutical agent for the

production of diaphoresis, it is superior to any other method in use, being more easily employed, while its action is more certain and more complete, without being more, or even so, dangerous as most of these. Its superiority over the various sweating-baths in ascites, hydrothorax, asthma, etc., is most marked. It is true that diaphoretic treatment is thought less of than formerly; but in several cases the difficulty of its application, rather than its inefficacy, is the cause of its not being resorted to. Speaking from his own experience, Dr. Curschmann has found the pilocarpin very useful in oedema, in dropsy of the cavities from heart or lung disease, and in chronic nephritis, etc., and that after diuretic, drastic, and other means have failed. He believes that a large field for its employment may be found in pleurisy accompanied by serous exudation, both in promoting the absorption of this, and in preventing its re-accumulation after paracentesis. It is evidently indicated in chronic rheumatic affections, at least, so far as these are amenable to diaphoretic treatment.

#### Alcohol Dressings in Wounds of the Scalp.

According to the *Gazette des Hopitaux*, Professor Gossein, in a recent clinical lecture, called attention to a patient with an extensive contused superficial wound of the scalp, unaccompanied by detachment or denudation. He

did so because it was an example of the rapid healing of such wounds which has been so frequently observed under dressing with pure alcohol, without the development of any diffused or erysipelatous inflammation. The rapid cicatrization that takes place is not the result of healing by the first intention, for the edges of the wound still remain a little apart, while the lips and bottom of the wound give issue to sanguineous sero-purulent secretion, in no wise resembling good pus. This secretion gradually ceases, and the wound becomes dry without ever having been covered with granulations. This instance is a good example of the cases which have for some time attracted Professor Gosselin's attention, in which wounds are healed by this intermediate mechanism, which is neither immediate cicatrization, nor cicatrization after granulation and suppuration. This mode of cicatrization in wounds of the head especially occurs when these are dressed with pure alcohol, other modes of dressing requiring the formation of granulations for healing. Whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents, and leads to the quickest cicatrization. So treated these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.

#### When Should a Man who has had Syphilis Marry?

Mr. S. Messenger Bradley writes, in the *Medical Press and Circular*—

An important question is often asked, as to the propriety of marriage, and here the surgeon must guard himself against future accusation of carelessness. In no case should he counsel marriage until a full year has elapsed without any trace whatever of the virus remaining active, and even then he will be wise not to promise more than a probable cure.

The only satisfactory evidence we have, indeed, that syphilis is completely curable, lies in the fact that a patient occasionally contracts the disease twice or more during his life. During the active residence of the virus in the system the patient is, so to speak, syphilis-proof; if he contract a venereal sore, that sore will be a soft chancre, and will not modify the progress of the former attack or itself contaminate the system. It occasionally happens, however, that we meet with an individual who has had two distinctly indurated chancres, each followed by a train of secondary affections, and separated from each other by a period of perfect health. Unfortunately, however, though we can thus confidently speak of the possible eradication of the poison, we have no certain means at our disposal by which we can, with safety for our patient, put this question of eradication to the test.

My own experience leads me to conclude that such cases are the exception, and not the rule, and that in the majority of cases no such

immunity is met with. Both the initial lesion and the first secondary afford important evidence in forming a prognosis. If the chancre be a typical soft sore, unaccompanied throughout its course with any basal induration, and associated with the enlargement of but a single inguinal gland, which may or may not suppurate, it is almost certain that the systemic infection will never take place, and therefore, that the virus will be entirely eliminated through the channels of the chancre and the bubo. If, again, the initial lesion be associated with slight basal induration, which soon becomes absorbed, and if, following this, a mild roseola appears toward the third month, the prognosis is very favorable, and a cure may be confidently anticipated. When, on the other hand, much hardness exists at the base, or when the sore becomes serpiginous or phagedenic, and very slow and difficult to heal, and, above all, when such a chancre is followed by a pustular eruption of secondaries, the prognosis is much more unfavorable. The disease will surely prove serious and obstinate, liable to recur, and may perhaps exist, in some measure, throughout the rest of life.

#### The Effects of Gelseminin.

In the *Lancet*, of June 9th, Mr. John Tweedie calls attention to the action of gelseminin on the pupil, the ocular muscles, and on accommodation. He says, "The importance which is now very properly attached to correction of anomalies of refraction, and especially abnormal regular astigmatism, necessitates the frequent and almost constant use of atropine to overcome the power of the accommodation for near objects. But against atropine there has always been the serious objection that its effects last so long that great inconvenience arises to the patient from being unable to do near work for several days after the error of refraction has been estimated. If the pharmacopoeial solution of sulphate of atropine has been employed, at least eight to twelve days must elapse before the accommodation returns to its normal state. With gelseminin, on the other hand, sufficient accommodation returns within ten or fifteen hours to enable a person to read newspaper type at twelve inches, and within thirty hours the accommodation will have practically returned, although the pupil may remain somewhat dilated, though not quite immobile, for several days. The mistiness and confusion of vision when the eye is fully under the influence of gelseminin is nothing like so great as when atropine has been used."

"Practically, it may be stated that gelseminin locally applied readily dilates the pupil, and when used of sufficient strength, temporarily overcomes the accommodation. It is preferable to atropine in cases where the power of accommodation is not great, where it is necessary to overcome the accommodation for a short time only, for the purpose of estimating the degree of ametropia, because its effects are more tran-

sient, and the confusion of vision during its action is less. To insure paralysis of accommodation within three hours, a solution of at least eight grains to the ounce must be used every fifteen minutes for the first hour, and every half hour afterward."

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—“The Relations existing between Eczema and Psoriasis.” By Robert Campbell, M.D., Physician to the Skin Department, Demilt Dispensary, New York. A reprint from the *Archives of Dermatology*, July, 1877. The author states that his reason for believing that eczema and psoriasis are very intimately related to each other, are:—

*First.* We not unfrequently meet with cases in which the two diseases coexist.

*Second.* A person may have an eczema at one time and be subject to psoriasis at another period.

*Third.* The tendency toward gout and rheumatism which exists in eczematous and psoriatic patients.

*Fourth.* The derangements to which the urine is subject in both diseases.

*Fifth.* The debilitated state of the health sometimes seen.

*Sixth.* The hereditary nature of the two diseases.

*Seventh.* Their constitutional nature.

*Eighth.* Their symmetrical development.

*Ninth.* Their proneness to recur, and their chronicity.

### BOOK NOTICES.

*Transactions of the Medical Association of Georgia.* Twenty-eighth Session, 1877.

This volume contains, beside the minutes of the Twenty-eighth Session, the President's Address, by Robert Battey, M.D., of Rome, Georgia; Annual Oration, by J. S. Todd, M.D., of Atlanta; Report of the Section on Gynecology for the First Congressional District, by J. C. Le Hardy, Savannah; The History, Causes, Nature, Pathology and Treatment of Yellow Fever, Considering Exclusively the Epidemic of 1876, in Savannah, by J. C. Le Hardy, M.D., Savannah; A Successful Case of

Conservative Surgery, by the same gentleman; Snag Eight Inches Long Entering the Abdomen at the External Ring—Extraction—Recovery, by B. R. Doster, M.D., Blakely; Amputation of the Leg for Extensive Necrosis of the Tibia, by T. F. Walker, M.D., Cochran; Transverse Rupture of the Uterus, by the same gentleman; Report of Cases, by George F. Cooper, M.D., Americus; Some of the Evidence of the Progress of Medicine, by J. G. Westmoreland, M.D., Atlanta; Defects of Hearing, etc., by A. W. Calhoun, M.D., Atlanta; Synoptical Report of Ninety-six Cataract Operations, by the same gentleman; Successful Transplantation of a Rabbit's Conjunctiva to the Human Eye, for Relief of a Deformity—same source; Acute Rheumatism Invading Two Weeks After Parturition, Attended with Suppuration—Recovery, by William R. Burgess, M.D., Macon; Report of the Section on Surgery for the Sixth Congressional District, by D. N. Hammond, M.D., Macon; Reminiscences from the Case Book of Memory, and Surgical Report for the Seventh Congressional District, by Charles P. Gordon, M.D., Dalton; Ligation of the Primitive Carotid Artery on the Left Side, by R. M. Smith, M.D., Athens; A Comparison of the Different Methods of Treatment of Stricture of the Urethra, by John Thaddeus Johnson, M.D., Atlanta; Complete Occlusion of the Vagina—Operation—Cure—by E. L. Bardwell, M.D., Talbotton; Treatment of Carbuncle, by C. B. Leitner, M.D., Columbus; Report of the Section on Practice of Medicine for the Eighth Congressional District, by E. H. N. Hunter, M.D., Louisville; Communited Fracture of the Tibia and Fibula in an Insane Epileptic, Treated with Plaster-of-paris Bandage, by Thomas H. Kenan, M.D., Milledgeville; Hemorrhage from Retained Portion of Placenta Twenty Days After Delivery, by J. L. Harris, M.D., Milledgeville; Report of the Committee on Necrology, by John M. Johnson, M.D. This volume is one of the most interesting “Transactions” that has come to us for a long time.

*Physician's Visiting List for 1878.* Lindsay & Blakiston. Philadelphia.

This standard List is now ready, and will no doubt be fully as well received as formerly. The publishers also have for distribution a new catalogue of their publications, many of which have been marked down in price.

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RECENT SYPHILOGRAPHY.

The study of syphilis is growing in importance, and the additions to syphilography have lately been both numerous and interesting. A sketch of some of these will not be without interest to all, especially those who are interested in properly appreciating the sociological relations of this formidable scourge.

How widely it extends may be imagined from an article on "Syphilis, as it Affects the Brain and Nervous System," by Dr. THOMAS STRETCH DOWSE, of London. He observes:—

"In my own practice for the past seven years, at the Central London Sick Asylum, where I have had over ten thousand patients under my care, of whom I have no hesitation in saying that three-fourths were more or less the subjects of acquired and hereditary syphilis, I have often been puzzled how to arrive at a definite conclusion as to the exact type of disease with which I have had to deal."

He gives a variety of examples of its remote and obscure, but still very recognizable, action on the nervous system. One of his observations is that, in those cases where the primary and secondary manifestations of syphilis are least marked, the nervous system and viscera are liable to suffer the most.

This appears to be a point of so much clinical importance that it ought not to be passed over lightly. Often he has had patients totally ignorant of having at any time acquired or experienced the signs or symptoms of syphilis in its primary and secondary stages, yet the sequelæ have been made manifest in many ways, particularly in many of the obscure diseases of the nervous system, where there are none of the common forms of objective paralysis, of gross lesion of brain and spinal cord; yet there is good evidence in proof of functional derangements, the result of albuminoid changes in the vaso-motor and sympathetic centres.

He concludes his article (in the *Medical Press and Circular*) with these significant words:—

"There is something subtle and uncertain about syphilis, which puzzles the histologist,

pathologist and clinician alike, and it is probably this which gives to it so much scientific interest. Yet there is a profundity of research open in the study of this disease which rises even above scientific investigation ; I allude to its heredity, diagnosis and treatment. It takes a range far wider than any other in the whole field of pathology. Once let a man become infected with syphilis, we then have reason to anticipate that not only he, but his children, will, in some measure, become the subjects of syphilis."

Mr. S. MESSENGER BRADLEY, of Manchester, brings various facts to support a still more gloomy view of the consequences of the syphilitic infection. He remarks (in an article in the same journal) :—

"I am strongly inclined to believe that we meet with cases which show a true transmutation of type, changing from syphilis, not only into struma, but into cancer, and thus afford evidence of the possible evolution of this terrible malady."

The instances he advances certainly tell strongly in this direction.

While acquired syphilis is rarely fatal, this cannot be said of infantile syphilis, which yearly claims thousands of victims. This greater gravity of the disease in the child than in the adult is due partly to the power of resistance being less in the organism of the very young, partly to the fact that the poison, being conveyed through the blood current, vitiates and injuriously affects every cell and every tissue, damaging not only the cells of nutrition, as in the adult, but the cells of formation, too ; and lastly, the greater severity is due to the fact that the explosions of syphilis in the child are rather universal than scattered and confined ; in the adult, first one part and then another suffers, but rarely many different tissues at the same time ; in the infant the disease, being a diathesis from the first, may burst out in almost every organ and every tissue of the body at one and the same time. No wonder that in this triple cause we have so great a mortality from infantile syphilis.

As to how far the secretions of a syphilitic person are poisoned by his disease, there has lately been an interesting study published by Dr. J. R. LANE, of the London Lock Hospital. These secretions are the tears, the saliva, the perspiration, the semen and the milk. The balance of opinion is against their contagious quality, always supposing them to be unmixed with the products of any secondary lesion. Inoculation with the first three—namely, saliva, tears and perspiration—has been tried, and has hitherto failed. Probably the inoculation of semen has not been tried, but there is no instance in which, when the male organs were free from disease, the semen of a syphilitic patient has infected a female in the usual way by the production of an indurated sore. But there is another way in which the semen may possibly convey disease. There are some who think that an infected man, cohabiting habitually with the same woman, may develop a secondary infection in her by the gradual absorption of the elements of the contaminated seminal secretion into her circulation, without the intervention of pregnancy, or any kind of primary lesion. The late Mr. PORTER, of Dublin, and the late Mr. LANGSTON PARKER, have recorded cases in favor of this view, which is supported, also, by Mr. S. LANE. All these are authorities whose opinion deserves attention, and the point is one well worth further consideration. The difficulty in all these cases is, that the woman may at some time during the cohabitation have had an indurated sore, which caused her so little inconvenience as to remain unnoticed.

With respect to the milk, it is generally believed that a healthy child suckled by a diseased nurse will not contract disease unless the nurse has some secondary lesion on the nipple, or in its neighborhood ; that the milk itself, in fact, does not convey the disease. It is possible, however, that the diseased milk, if the child's mouth or lips were abraded, might communicate infection, although under the

opposite circumstances it would be passed into the stomach without causing any mischief in its transit, and then be so changed by the action of the gastric fluid as to lose its contagious quality.

At the last meeting of the British Medical Association, Dr. CHARLES B. TAYLOR read a paper on internal syphilitic ophthalmia. This term he limited to those deep-seated lesions discoverable only by the ophthalmoscope. This excludes cases of iritis and keratitis, which, nevertheless, frequently accompany or precede the more serious disease. Considering the frequent occurrence of syphilitic iritis, and the intimate connection of the iris with the choroid, it is singular that choroiditis is not more common in these cases. There is no doubt, however, that slighter degrees of this affection are often overlooked. Patients suffering from choroiditis complain of failing vision, dark floating spots, and general mistiness; the ophthalmoscope reveals objective muscle and more or less opacity of the vitreous humor, through which the optic disc is seen like the sun in a fog. Sometimes it is impossible to illuminate the fundus, and the patient is quite blind. When the vitreous body clears under treatment, exudations on the choroid come into view. There are periods of improvement alternating with exacerbations, and the disease in many respects resembles a case of subacute inflammatory glaucoma. Details of cases under the author's care showed that the disease is very insidious, destroys vision slowly, and is apt to be overlooked or mistaken. Retinitis of syphilitic origin frequently follows, or accompanies, choroiditis. Portions of the retina are the seat of exudations and extravasated blood; hence vision is limited, so that the patient will sometimes see only half of an object. If the yellow spot be affected, central vision is, of course, destroyed. Colored vision and flashes of light are occasionally complained of. In syphilitic neuritis, the outline of the optic disc is blurred and indistinct; it is often a mere smudge. As it

clears up under treatment, dots of fatty degeneration may be occasionally observed in the neighborhood of its periphery. In a case at present under the author's care, this exactly resembles the degeneration which was formerly considered typical of albuminuric retinitis. As to diagnosis—the history of the case, the number of the lesions, iritis, choroiditis, retinitis, neuritis, all point to a constitutional origin, which, by a process of exclusion, is easily determined to be syphilitic. The treatment is to bleed from the temple, mercurialize rapidly by inunction, and give large doses of iodide of potassium. The prognosis is favorable if the treatment be early, energetic, and persisted in for a sufficient length of time.

DR. JOHN DUNCAN, not long since, read a paper before the Edinburgh Medico-Chirurgical Society, on the use of mercury in syphilis. Many practitioners had great faith in mercury as beneficial in syphilis. Some used it in faith; others framed hypotheses on which they based its use. It should be remembered that the usual duration of syphilis was two years. It might, however, last a lifetime; and cures as well as relapses, might occur under any treatment. It was still undecided whether mercury shortened the duration of syphilis. He believed it did not shorten the secondary symptoms. Thus far his remarks had been negative. It might, therefore, be asked why it held ground as a remedy. The answer was, that it did so because it caused the syphilitic manifestations to disappear. The popular idea in the profession was, that mercury should be given in secondary symptoms, iodide of potassium in tertiary. Such an idea was based on fact and theory. He held that syphilis became a form of depraved nutrition; that mercury was more potent than iodide of potassium in some tertiary skin diseases, and was our main resource in secondary symptoms. In some cases, e. g., gummatæ, progress was slower under mercury than under mercury and iodide of potassium. In administering mercury, the following points

should be kept in mind:—1. The character of the poison ; 2. The subject of the disease, *e. g.*, if gouty, strumous, etc.; 3. External circumstances. Mercury should, therefore, be combined with gouty remedies, if needed, and so on. Then, when local circumstances alone kept up the disease, only local remedies should be used. Mercury might do harm, even when cautiously given ; it did not shorten the duration of syphilis, nor prevent relapses ; it should be discontinued if doing no good, and no case should be despaired of unless mercury had been given.

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## NOTES AND COMMENTS.

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### Test Paper for Wines.

It is well known that many French wines are subject to fraudulent coloration, sometimes with ingredients of a poisonous character. A test paper, called *anokrine*, is now sold in Paris, to detect this adulteration. With a genuine red wine, the color produced is a greyish blue, which becomes lead-colored on drying. With magenta and other aniline colors, it turns a carmine red ; with ammoniacal cochineal, a pale violet ; with elder berries, the petals of roses, etc., a green ; with logwood and Brazil wood, the color of dregs of wine ; with pernambuco wood and phytolacea, a dirty yellow ; with extracts of indigo, a deep blue. The manipulation required is very simple. A slip of the paper is steeped in pure wine for about five seconds, briskly shaken, in order to remove the excess of liquid, and then placed on a sheet of white paper, to serve as a standard. A second slip of test-paper is then steeped in the suspected wine in the same manner, and laid beside the former. It is asserted that 1-100,000th of magenta is sufficient to give the paper a violet shade, whilst a larger quantity produces a carmine red.

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### The Complete Criminal.

As an interesting commentary on Professor Austin Flint's "Natural History of Crime" (which we hope he will some day complete) may be read a paper before the British Association for the Advancement of Science, in which Mr. Francis Galton discussed the ideal crimi-

nal. He detects in him three peculiarities of character ; his conscience is almost deficient, his instincts are vicious, and his power of self-control is very weak. By the examination of many thousand photographs of criminals he was enabled, by their physiognomic characteristics, to divide them into three well-marked groups, respectively, of perpetrators of murder, manslaughter and burglaries, perpetrators of felonies and forgeries, and perpetrators of sexual crimes ; and in this way he was enabled to examine how far the peculiarities first mentioned above may be correlated with physical features. The history of the famous Jukes family of criminals was brought forward, to show what extremely important topics may be open to inquiry in a single branch of anthropological research ; and the general argument pointed to the necessity of more accurately obtaining explanations of the conditions under which the quality of the stock of the human race deteriorates or improves.

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### Select Remedies and Quack nostrums.

The *Scientific American* says—

The German chemists are very unmerciful to those who would impose upon the public by worthless preparations ; and one Berlin journal, the *Industrie Blätter*, edited by Dr. E. Jacobsen, offers to analyze *gratis* any patent medicine sent to them in the original package. The analyses of over eleven hundred such preparations, made by Dr. Hager, Wittstein, Rose, Chandler, Reveil, and others, have been collected together by E. Hahn, and published in book form by J. Springer. A few of these analyses we propose to lay before our readers, for their information and amusement, remarking, however, that in some cases it is impossible for the analyst to exactly determine some of the organic remedies, such as gums, balsam, and resins, when in combination or solution, and noting the difficulty of accurate translation of pharmaceutical terms.

Dr. Pierce's Golden Medical Discovery. A one dollar bottle holds 220 grains of a brownish-colored clear liquid, consisting of 15 grains pure honey, 1 grain extract of poisonous or acrid lettuce (bot. *herba lactucæ virose*), 2 grains laudanum, 100 grains dilute alcohol (64 per cent.), tasting like fusil oil and wood spirit, with 105 grains of water.

Dr. Livingston's Ant Balsam, a German remedy, consists of 72 grains castor oil, 2

grains balsam of Peru, and 5 drops oil of bergamot.

American Toothache Drops, made by Majewsky, in Warsaw, have different compositions. Those which took the prize at Vienna consisted of common salt and brandy, colored with harmless cochineal red (price 37½ cents).

Asthma Pastils (Danl. White & Co., New York), according to the analysis of Dr. Fleck, contain 20.1 per cent. saltpetre, 3.5 per cent. impure scammonium resin, 35 per cent. gum and sugar, 40 per cent charcoal powder, leaves and stems of some plant.

Ayer's Pills consist of pepper, colocynth, gamboge (gutti) and aloes.

Ayer's Hair Vigor, a solution of 0.6 per cent. sugar of lead.

## CORRESPONDENCE.

### Atropine vs. Morphine.

ED. MED. AND SURG. REPORTER:

As doubts have been expressed in certain quarters in relation to the antidotal properties of atropine in cases of poisoning with morphine, I will relate a case in which its antidotal effect was very striking.

I was called in great haste to see Mrs. E., who was reported to be dying from the effects of some medicine administered by an irregular, who was in the habit of getting intoxicated, and who was said to be in that condition when the medicine was prescribed, and which he afterward admitted was morphine. I found her surrounded by a number of friends, who were using every effort to arouse her, in accordance with the directions of the pseudo-reformer, who was of the Eclectic class; he had told them for God's sake to keep her moving, and give her plenty of hot coffee, and then he abandoned his patient. I found her apparently almost in articulo mortis; her face was very much flushed, not a dark, but a bright red; in other cases of poisoning by opiates I have found the flesh to be very dark; her pulse was running at the rate of one hundred and fifty, and over, irregular and intermittent; this is, I believe, the state of the pulse which immediately precedes dissolution in cases of morphine poisoning, though the characteristic pulse in poisoning with opiates is a very slow and full one; in one case which terminated fatally from an overdose of laudanum, I found the pulse as slow as from ten to sixteen beats, breathing from four to six. She was so profoundly comatose that she could be slapped in the face with a wet cloth without making her flinch, and I could lay my finger on her naked eyeball without causing her to wince, or showing the least indication of consciousness. The pupil was not so much contracted as I have seen it in other

cases. The case seemed a desperate one, but I weighed out, as accurately as I could, one grain of atropine, upon which I dropped eighty drops of water; of this solution I injected, with the hypodermic syringe, two drops, equivalent to the one-fortieth of a grain of the atropine; in ten or fifteen minutes I repeated the injection, which would make the dose injected equal the one-twentieth of a grain; the effect of this quantity was so marked that it was noticed by the bystanders in from ten to fifteen minutes. I had but little faith, however, that the case would recover, as I had failed in a similar case, over-dosed by this same reformer, ten or twelve years ago, which terminated fatally. I returned home, and was much astonished on being informed about midnight that the patient had gradually regained her consciousness so far as to recognize those around her, and to speak to them. The last dose of morphine was given about 6 o'clock A. M., the atropine was administered about 2 o'clock P. M. It is stated in works on toxicology that when opium poisoning is fatal, death generally takes place within twelve hours; if the patient's life can be prolonged for that period, they generally recover.

E. T. SPOTTSWOOD, M. D.

## NEWS AND MISCELLANY.

### The Illinois Medical Act.

The following is a full copy of the act to Regulate the Practice of Medicine in the State of Illinois, which was approved May 29th 1877, and went in force July 1st 1877. Medical readers of all States will read it with interest.

**SECTION 1.** *Be it enacted by the people of the State of Illinois, represented in the General Assembly,* That every person practicing medicine, in any of its departments, shall possess the qualifications required by this act. If a graduate in medicine, he shall present his diploma to the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners herein named, for verification as to its genuineness. If the diploma is found genuine, and if the person named therein be the person claiming and presenting the same, the State Board of Health, if such Board of Health shall be established by law, or the Board of Examiners, shall issue its certificate to that effect, signed by all the members thereof, and such diploma and certificate shall be conclusive as to the right of the lawful holder of the same to practice medicine in this State. If not a graduate, the person practicing medicine in this State shall present himself before said Board, and submit himself to such examination as the said Board shall require; and, if the examination be satisfactory to the examiners, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned.

SEC. 2. In case a State Board of Health shall not be established by law, then each State Medical Society incorporated and in active existence on the first day of July, eighteen hundred and seventy-seven, whose members are required to possess diplomas or license from some legally chartered medical institution in good standing, shall appoint, annually, a Board of Examiners, consisting of seven members, who shall hold their office for one year, and until their successors shall be chosen. The examiners so appointed shall go before a County Judge and make oath that they are regular graduates, or licentiates, and that they will faithfully perform the duties of their office. Vacancies occurring in a Board of Examiners shall be filled by the society appointing it, by the selection of alternates, or otherwise.

SEC. 3. The State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall organize within three months after the passage of this act; they shall procure a seal, and shall receive through their Secretary applications for certificates and examination. The president of each Board shall have authority to administer oaths, and the Board take testimony in all matters relating to their duties; they shall issue certificates to all who furnish satisfactory proof of having received diplomas or licenses from legally chartered medical institutions in good standing; they shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the Board; they shall furnish to the county clerks of the several counties a list of all persons receiving certificates. In selecting places to hold their meetings they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the Board granting them, and shall indicate the medical society to which the Examining Board is attached.

SEC. 4. Said State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the Secretary of the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall receive a fee of one dollar from each graduate or licentiate, and no further charge shall be made to the applicants; but if it be found to be fraudulent, or not lawfully owned by the possessor, the Board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The verification of the diploma shall consist in the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. Graduates may present their

diplomas and affidavits as provided in this act, by letter or by proxy, and the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall issue its certificate, the same as though the owner of the diploma was present.

SEC. 5. All examinations of persons not graduates or licentiates shall be made directly by the Board, and the certificates given by the Boards shall authorize the possessor to practice medicine and surgery in the State of Illinois.

SEC. 6. Every person holding a certificate from the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, shall have it recorded in the office of the clerk of the county in which he resides, and the record shall be endorsed thereon. Any person removing to another county to practice shall procure an indorsement to that effect, on the certificate, from the county clerk, and shall record the certificate, in like manner, in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep, in a book provided for the purpose, a complete list of the certificates recorded by him, with the date of the issue, and name of the medical society represented by the State Board of Health, if such Board of Health shall be established by law, or Board of Examiners, issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business hours.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance, which shall be returned to them if a certificate be refused. The fees received by the Board shall be paid into the treasury of the medical society by which the Board shall have been appointed, and the expenses and compensation of the Board shall be subject to arrangement with the society.

SEC. 9. Examinations may be, in whole or in part, in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. The State Board of Health, if such Board of Health be established by law, or Board of Examiners, may refuse certificates to individuals guilty of unprofessional or dishonorable conduct, and they may revoke certificates for like causes. In all cases of refusal or revocation the applicant may appeal to the body appointing the board.

SEC. 11. Any person shall be regarded as practicing medicine within the meaning of this act, who shall profess publicly to be a physician and to prescribe for the sick, or who shall append to his name the letters "M.D." But nothing in this act shall be construed to prohibit students from prescribing under the supervision of preceptors, or to prohibit gratuitous services in cases of emergency. And this act

shall not apply to commissioned surgeons of the United States Army and Navy.

**Sec. 12.** Any itinerant vender of any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall, by writing or printing, or any other method, publicly profess to cure or treat diseases, injury, or deformity, by any drug, nostrum, manipulation or other expedient, shall pay a license of one hundred dollars a month, to be collected in the usual way.

**Sec. 13.** Any person practicing medicine or surgery in this State, without complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars, nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days, nor more than three hundred and sixty-five days, or by both such fine and imprisonment, for each and every offence; and any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction, shall be subject to such fine and imprisonment as are made and provided, by the statutes of this State, for the crime of forgery; but the penalties shall not be enforced till on and after the thirty-first day of December, eighteen hundred and seventy-three;

*Provided,* That the provisions of this act shall not apply to those who have been practicing medicine ten years within this State.

#### The Yellow Fever.

This epidemic has somewhat abated at Fernandina. Nevertheless, eight or ten new cases are reported daily. The crew of the schooner "Sawyer," in port, are all down with the fever. A number of cases are reported very low. One fatal case has occurred in New York City, that of a young man who came from Fernandina. The authorities of Jacksonville have sent out a circular denying that any case has appeared in their city. Very stringent measures are taken to prevent its entrance. A most malignant type of yellow fever is prevailing at Vera Cruz.

#### Personal.

—Prince Bismarck, when passing through Leipsic, on his journey to Gastein, consulted Dr. Georgii, who at the present time holds the position of burgomaster of the town. It is stated that he complained of being still unable to apply himself with vigor to his work, and that whenever he has been at work for some hours during the day, he is unable to sleep for many nights afterwards.

—There seems to be no cause for doubting the reports of the Pope's exceeding ill health. Very circumstantial reports of his death were in circulation in Rome on the 8th and 9th ult., and were received without astonishment, being inspired by the presence of lights in his bed-chamber. He rises two hours later than he used to do, and alarms his attendants by his

proneness to doze in the daytime. As ever, he alarms his physicians by his determined objections to following their advice. Though they insist that he should sleep in a more airy apartment, he will not leave his comparatively dark bedroom, and he persists in eating salads and indigestible meats that they have forbidden him to touch.

—The ashes of Dr. Charles F. Winslow, who died and was cremated at Salt Lake City, have been buried at Mount Auburn, in accordance with his request, Edward Everett Hale performing the services. His heart had been sent to Nantucket, to be buried beside his father and mother.

#### Items.

—The cattle plague has now reached York county, Pa.

—Two Terra Haute policemen arrested a woman who was walking in the street at night wearing a night dress only. They supposed she was drunk; but she was really the wife of a wealthy citizen out on a somnambulistic adventure.

—During the epidemic of measles in Boston, in 1876, Dr. Steinitz saw a relapse of this disease in three children, ages ranging from three to eight years. The relapse in two cases occurred after fourteen days, and in one case after three weeks. The recurring symptoms were fully developed.

—One thousand two hundred and eighty-two insane persons, where there are accommodations for only 766, is the present condition of affairs at the Almshouse, yet Philadelphia boasts of her public charities. Is it not about time definitely to decide the question, "What shall be done with our insane poor?"

—Prof. Draper gives a table of the rainfall of New York from 1835 to 1877, with charts, and contrasts the rain records of New York with those of other cities. The conclusions derived from his investigations are that the rainfall of New York and vicinity was increasing until 1869, and from that year it has diminished.

—A lady of Macon, Georgia, was arranging a beautiful floral design as a tribute to be laid upon the casket containing a departed friend. In selecting the leaves from the plant euphorbia, the stem producing them was broken, when a drop of its sap was spattered into her eye. Inflammation immediately followed, which extended down her cheek, and her hands, which wiped away the tears from her eye, were also similarly affected.

#### DEATHS.

HUTCHINSON.—On September 15th, Nellie Alice, youngest daughter of J. A. and Sarah Hutchinson, aged 2 years and 11 months, of dysentery.

On September 19th, Julia A., daughter of J. A. and Sarah Hutchinson, aged 15 years and 9 months, of dysentery.